

2014 7:08AM ALVIN OR & 00000044834 N 1009

**Division of Corporations**

Page 1 of 1

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000402103)))



H140002402/D3/4/04

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

Top

Division of Corporations  
Fax Number : (850) 617-6303

**From:**

Account Name : SALVATORE & WOOD, DOCKEL, PL  
Account Number : 120010000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

18 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  
Email Address: KRL@SWIBCL.com

**FLORIDA LIMITED LIABILITY CO,  
VICTORIALAND BEAUTY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	00 5
Estimated Charge	\$155.00

RECEIVED

14 MAR 18 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR 1968 AM 9:08

## Electronic Filing Menu

**Corporate Filing Menu**

**Help**

<https://efile.uscourts.gov/scripts/cfil1009r.aspx>

((H140000402103)))

J. Shivers MAR 11/2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Victorland Beauty, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin R. Lottes  
Name of Person

Salvatori, Wood, Buckel, Carmichael & Lottes  
Firm/Company

9132 Strada Place, Fourth Floor  
Address

Naples, FL 34108  
City/State and Zip Code

KRL@SWBCL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin R. Lottes at ( 239 ) 552-4100  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                                                              |                                                                                                                             |
|----------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|----------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Victorialand Beauty, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

5668 Hammock Isles Drive  
Naples, FL 34119

5668 Hammock Isles Drive  
Naples, FL 34119

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)


The name and the Florida street address of the registered agent are:

Salvatori Wood Buckel Carmichael & Lottes  
Name

9132 Strada Place, Fourth Floor  
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34108  
City Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Victoria G. Watts

5868 Hammock Isles Drive

Naples, FL 34119

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

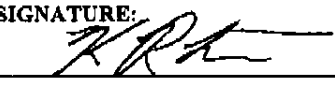
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kevin R. Loftes, Authorized Representative

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)